

P/DTE

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD
 Client Name ANGELA MELENDEZ Week of 06/06/22 through 06/11/22

	MON	TUES	WED	THUR	FRI	SAT	SUN	OBSERVATIONS
DATE	6/6	6/7	6/8	6/9	6/10	6/11		
TIME IN	12:PM	12:PM	12:PM	12:PM	12PM	4 PM		
TIME OUT	8PM	8PM	8PM	8PM	8PM	6PM		
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing		✓	✓					
Shower-chair								
Tub bath								
Shampoo hair				✓		✓		
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care <u>Do not cut nails</u>								
Brush teeth/dentures								
Check pressure areas		✓	✓	✓	✓	✓	✓	
Checked pressure areas		✓	✓	✓	✓	✓	✓	
Assist with walking		✓	✓	✓	✓	✓	✓	
Assist with transferring		✓	✓	✓	✓	✓	✓	
Hoyer lift		✓	✓	✓	✓	✓	✓	
Assisted with dressing		✓	✓	✓	✓	✓	✓	
Assisted with toileting		✓	✓	✓	✓	✓	✓	
Assisted with feeding		✓	✓	✓	✓	✓	✓	
Weigh client								
Assist with self-administration of medications		✓						
Ambulation assist W/C Walker					✓			
Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation			✓					
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping				✓				
Outdoor recreation								
Assist with mail		✓	✓	✓	✓	✓	✓	
Other								

Aide/Companion Signature/Title

NPUR • NAHESODate 6-6-22

Client Signature

Angela MelendezDate 6-11-22

ALL VIP CARE & STAFFING WEEKLY VISIT RECORD								
Client Name	ANGELA MELANDEZ Week of 6/20/22 through 6/25/22							
	Mon	TUES	WED	THUR	FRI	SAT	SUM	OBSERVATIONS
DATE	6/20	6/21	6/22	6/23	6/24	6/25		
TIME IN	12 PM	12 PM	12 PM	12 PM	12 PM	4 PM		
TIME OUT	8 PM	8 PM	8 PM	8 PM	8 PM	6 PM		
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath								
Shower-standing								
Shower-chair	✓	✓	✓	✓	✓			
Tub bath	✓		✓					
Shampoo hair	✓		✓		✓			
Dry hair								
Set hair								
Brush and style hair								
Shave								
Nail care Do not cut nails								
Brush teeth/dentures								
Check pressure areas								
Checked pressure areas								
Assist with walking	✓		✓		✓			
Assist with transferring								
Hoyer lift								
Assisted with dressing	✓	✓	✓	✓	✓	✓		
Assisted with toileting	✓		✓		✓			
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist W/C Walker Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								
Aide/Companion Signature/Title	CROZ VA/diVieso						Date 6-20-22	
Client Signature	Angela Melendez						Date 6-25-22	

Client Name	ALL VIP CARE & STAFFING WEEKLY VISIT RECORD							
	Week of 6/16/22 through 6/12/22							
	MON	TUES	WED	THUR	FRI	SAT	SUN	Observations
DATE	6/6	6/7	6/8	6/9	6/10	6/11	6/12	
TIME IN	7AM	6AM	4PM	3AM	5AM	7AM	6PM	
TIME OUT	6AM	8AM	3AM	5AM	11AM	7PM	4AM	
ACTIVITIES								
Temperature								
BP								
Pulse								
Respirations								
Last BM								
Bed bath	/	/	/	/	/	/	/	
Shower-standing								
Shower-chair								
Tub bath								
Shampoo hair								
Dry hair								
Set hair	/	/	/	/	/	/	/	
Brush and style hair								
Shave								
Nail care	Do not cut nails							
Brush teeth/dentures	/	/	/	/	/	/	/	
Check pressure areas								
Checked pressure areas								
Assist with walking	/	/	/	/	/	/	/	
Assist with transferring	/	/	/	/	/	/	/	
Hoyer lift								
Assisted with dressing	/	/	/	/	/	/	/	
Assisted with toileting	/	/	/	/	/	/	/	
Assisted with feeding								
Weigh client								
Assist with self-administration of medications								
Ambulation assist w/C Walker								
Cane								
Meal preparation								
Vacuum and dust								
Laundry								
Change bed linens								
Transportation								
Grocery shopping								
Limit/Encourage fluids								
Doctor's appointments								
Shopping								
Outdoor recreation								
Assist with mail								
Other								
Aide/Companion Signature/Title	Cruz-Valdivieso HHA							Date 6-6-22
Client Signature	Ana M Rurland							Date 6-12-22